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CONFIRMATION NO. 8795

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/585,608	08/10/2007	514	1611	BHC 031082	
<b>APPLICANTS</b> Dirk Mertin, Langenfeld, GERMANY; Gerald Beddies, Dusseldorf, GERMANY; Iris Heep, Koln, GERMANY; Nikolaus Kowolik, Merzenich-Girbelsrath, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP2005/000067 01/07/2005					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102004001558.9 01/10/2004					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/02/2008					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>NICOLETTA KENNEDY</u> Acknowledged <u>Examiner's signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> BAYER HEALTHCARE LLC P.O. BOX 390 SHAWNEE MISSION, KS 66201 UNITED STATES					
<b>TITLE</b> Topically Applied Medicament for Animals					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	